



BOANI FOUNDATION

Yes! I would like to support Boani Foundation

Amount Enclosed: \$25___ \$50___ \$100___ \$250___ \$500___ Other \$_____

___ Please make this a monthly gift.

___ Check or money order enclosed, payable to Boani Foundation (*Gifts to Boani Foundation are tax deductible as allowed by U.S. law.*)

Credit Card: Visa___ MasterCard___ Discover___ American Express___

Name on card: _____

Mailing address: _____

City/state/zip code: _____

Phone _____ Email address _____

Credit card # _____ CVV# _____ Exp. date _____

Signature (required): _____

___ In honor/Memorial of (circle one):

Message for card: _____

Send card to: _____

Address: _____

City/state/zip code: _____

Mail to: Boani Foundation, c/o Modestine Djamo, 6307 Roanoke ave, Riverdale, MD 20737